



Village of Savoy

Savoy Municipal Center

611 N. Dunlap

Savoy, IL 61874

217-359-5894 (Phone)

217-359-0202 (Fax)

REQUEST FOR SPECIAL USE PERMIT

Date of Request: _____ Applicant Phone No.: _____

Name of Applicant/Owner: _____

Address of Site to be effected by Special Use or Special Use/Amendment (if applicable):

Address of Applicant/Owner: _____

Subdivision: _____

Is there an existing Special Use Permit on the subject property? _____

Current Zoning Classification on Site _____

Current Land Use: _____

Other Amendments Necessary: _____

Reason(s) why you feel a Special Use Permit is justified: _____

Signature of Applicant/Owner

Signature of Applicant/Owner

(VILLAGE USE ONLY)

Date of Public Hearing: _____ Date Fee Paid: _____

Date of Legal Notice is Published: _____

Request for Ordinance Amendment/Recommended for _____ Approval _____ Denial

Condition Approved by Savoy Planning Commission. (See Attached resolution)